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*NONE* C.S

\*\* CONTINUING DATA \*\*\*\*\*

*NONE* C.S

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Verified and Acknowledged	<i>Cheneca Smith C.S.</i> Examiner's Signature <i>Initials</i>
Allowance	
STATE OR COUNTRY	INDIA
Sheets Drawing	4
Total Claims	35
Independent Claims	3

**ADDRESS**

22879

**TITLE**

Method and apparatus for translating binary code

FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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